FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P93000087679 (5) A & K, INC. OF VENICE Principal Place of Business Mailing Address 1785 S. TAMIAMI TRAIL 1785 S. TAMIAMI TRAIL **VENICE FL 34283** VENICE FL 34293 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/23/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0455657 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name ANTONARAS, J. JOHN 1785 S. TAMIAMI TRAIL 62 Street Address (P.O. Box Number is Not Acceptable) **VENICE FL 34293** 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ANTONARAS, J. JOHN 1.2 NAME 13363 COPPER AVE, STREET ADDRESS 1.3 STREET ADDRESS PORT CHARLOTTE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITL€ NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change ☐ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST ZIP 5.4 CITY-ST-ZIP DELETE Addition

6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADORESS

2-6-98/9414976038

Change